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**ND Medicaid  
Non-Emergency Transportation Fee Schedule  
as of 7/1/2024**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

| <b>Code</b> | <b>Description</b>   | <b>Base Rate Allowed</b> | <b>Medicaid Fee</b> |
|-------------|--|--------------------------|---------------------|
| A0080       | Non-emergency transportation, per mile (non-commercial/volunteer)                        | N/A                      | \$0.67/mile         |
| A0100       | Non-emergency transportation; taxi   | 2*                       | \$26.01             |
| S0215       | Non-emergency transportation; mileage, per mile  | greater than 15 miles    | \$0.67/mile         |
| A0110       | Non-emergency transportation and bus, intra or inter state carrier                       |                          | Ticket Price        |
| A0120       | Non-emergency transportation: mini-bus (member is ambulatory)                            | 2*                       | \$17.35             |
| A0170       | Non-emergency transportation; mini-bus mileage, per mile                                 | N/A                      | + \$0.81/mile       |
| A0130       | Non-emergency transportation: wheelchair van (member is transported in a wheelchair)     | 2*                       | \$17.35             |
| S0209       | Non-emergency transportation; wheelchair van; per mile (greater than 15 miles)           | N/A                      | + \$2.47/mile       |
| A0140       | Non-emergency transportation and air travel (private or commercial) intra or inter state | N/A                      | Ticket Price        |
| T2005       | Non-emergency transportation; stretcher van  | 2                        | \$93.59             |
| T2049       | Non-emergency transportation; stretcher van, mileage; per mile                           | N/A                      | + \$2.47/mile       |
| A0180       | In-state lodging (includes taxes)**  |                          | GSA rate***         |
| A0190       | All meals - full day**   |                          | \$31.20             |
| A0191       | Meal - breakfast**   |                          | \$6.24              |
| A0192       | Meal - lunch**   |                          | \$9.36              |
| A0193       | Meal - dinner**  |                          | \$15.60             |

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|-------------|---|------------------------------|---------------------|
| A0200       | Out-of-state lodging (includes taxes)** |                              | GSA rate***         |
| A0210       | Attendant                               |                              | \$8.50/hour         |

Providers will be reimbursed the lesser of the ND Medicaid Fee Schedule or the provider's usual and customary charge.

- \* A typical transport involved one base rate per way. There are minimal exceptions to the base rates allowed; for clarification on additional base rates for A0100, A0120 and A0130, contact Medical Services at 1-800-755-2604
- \*\* Reimbursement for meals and lodging is only allowed when medical services or travel arrangements require a member to be away overnight. Meals and lodging must be authorized by the county eligibility worker.
- \*\*\* The U.S. General Services Administration (GSA) established per diem lodging rates for the lower 48 Continental United States (CONUS), which are the maximum allowances that federal employees are reimbursed for expenses incurred while on official travel. The rates used for the North Dakota Fee Schedule will be the GSA rate as of January 1st of each calendar year.